



Person Centered Informational Tool

For Treating Patients with Dementia in the ER/Hospital Setting

Name: _____

I prefer to be called: _____

Please check appropriate box

☐ I CAN be left unsupervised ☐ I CANNOT be left unsupervised

Caregiver/ Family Member Names/Numbers:

Someone I trust who motivates me to cooperate is:

Things that upset me: _____

I express distress by: _____

I am calmed by: _____

The best way to communicate with me: _____

This helps me understand and participate: _____

Please:

- Validate my feelings, to show me you understand
- Repeat my words back to me as a question to clarify
- Use the word "WE" so we can work together
- Please give me time to respond

Comfort Items to take with me

Sensory Aids Needed

Medical Conditions

Allergies

Pain Areas

*Remember to attach medication list

Use Hand Under Hand



While I am hospitalized . . .



I need assistance with (please check):

- | | | |
|---|---|--|
| <input type="checkbox"/> Using the nurse Call Button | <input type="checkbox"/> Choosing my meals | <input type="checkbox"/> I need a straw |
| <input type="checkbox"/> Asking for "as needed" medications | <input type="checkbox"/> Opening containers | <input type="checkbox"/> I need help in bathroom |
| <input type="checkbox"/> Using hospital phone | <input type="checkbox"/> Cutting my food | <input type="checkbox"/> I am at risk for choking* |
| <input type="checkbox"/> Using cell phone | | |

How to give me medications: _____

Other things I need assistance with*: _____

The best way to approach me is to: _____

Things I enjoy (music/TV shows/food/activities/walking, etc.): _____

My daytime/night time routine preferences: _____

Comfort measures that I prefer (pillows/blankets, sleep with light or music, positioning, etc.)

*Special note: _____

Date, Name of Person Filling out Form _____ / _____ / _____

Please:

**Remember to Attach Medication List and items that didn't fit on form*

- Give me choices
- Keep your questions to me short and simple, use gestures
- Allow me to be right by agreeing with me
- Redirect my attention to something different if I'm upset
- Be aware of how your words and behavior affect me



➤ Use “Hand Under Hand” and stand next to me, to direct and work with me



Person Centered Informational Tool

For Treating Patients with Dementia in the ER/Hospital Setting

Instructions for Completing the Form

Family caregivers or facility caregivers fill out this form with/for the person who has dementia. This tool is designed to give hospital and emergency staff the information needed to assist an individual with dementia during a difficult time. Think about things people need to know regarding what works to help the person, and what to avoid. ***It is written in the first person as if the person with dementia is telling the helper what he or she wants.***

Front Page Instructions:

Name: *Legal name*

I prefer to be called: Nicknames, an abbreviated name, Mr. or Mrs. and last name, a title like “Sarge” if in the military. (Something that would make them feel comfortable)

Please check appropriate box

- ☐ **I CAN be left unsupervised**
- ☐ **I CANNOT be left unsupervised**

Consider *if the person with dementia was left alone, would he/she be in danger?* Examples: Would she wander off, does he need assistance to avoid a fall, would she get into items like soap or medical equipment, could he be confused enough by surroundings that he would become upset, nervous, and maybe yell out?

Caregiver/ Family Member Names/Numbers: List the *individual (s)*, whom it is most important to contact for *information*. This could include a *facility caregiver* or *home assistance caregiver*, in addition to the most knowledgeable *family member (s)*, the person who knows daily/functioning routines of the patient.

Someone I trust who motivates me to cooperate is: This *individual (s)* would be someone the person trusts. The use of this person’s name could help calm anxiety and confusion, which could help assist medical staff with treatment, or in the case of an emergency evacuation. Example: “Tell me more about your daughter Mary” “Mary is on her way to see you” or “Would you like to call your daughter Mary?”

Things that upset me: In this section, try to put yourself in the person’s shoes to understand her experience by being with her in the environment. Seeing things from the person’s perspective helps us to understand the frustrations and confusion they experience. It also helps us to recognize that we, as helpers, must adjust the way we act, and interact, to meet the person’s needs. **Examples of what doesn’t work or what to stay away from doing:** touching without informing first, telling instead of asking, too many questions, being disrespectful, yelling, or being critical. Things around the person can upset them like it being too hot or cold, loud noises, alarms or bright lights. People in uniform, (Police, EMT, Fire) could be upsetting when not having anyone familiar nearby. In addition, unmet needs can make a person upset such as pain, needing the bathroom or feeling afraid. Include the different things that you know upset the person.

I express distress by: The person with dementia may have certain body language – or things he says - that indicate that he is getting upset. Examples: pacing, talking fast/loud, crying, striking out, saying no, talking about a distressing

memory, wringing hands, making repetitive movements or trying to leave, etc. *Whatever signals the person usually gives that indicate he or she is getting upset need to be included.*

I am calmed by: Consider what works to help keep the person calm. **Examples:** talking calmly, slowly or quietly, offering reassurance, eye contact, gentle touch, hand under hand, changing the subject, distracting the person's attention. Offering the person an item such as a doll, family pictures, blanket, singing a song, music, reminiscing, or talking about a trusted person, can be calming. Environmental changes that can help could be to dim lights, turn off sirens/alarms, and limit the number of people interacting with the person, music, etc. *Include things that you know can calm the person.*

Consider these items below: Think F.A.S.T.

F – Food, snacks (like crackers, ice cream)

A – Activities (like TV, picture book reading, talking)

S – Story (favorite topics for conversation)

T – Trip (walks around with staff)

The best way to communicate with me: What things can be done to help the person with dementia express what they mean, and what can be done to help the person understand what is being communicated in return? **Examples:** make eye contact, speak slowly, into the dominant ear, repeating back what they've said. Pointing, and touching gestures along with visuals like words, pictures, and facial expressions all can help the person to communicate better. Certain topics the person with dementia brings up could also mean something else. (Example) whenever she starts talking about feeding the dog that could mean she's hungry and it's time for dinner. *Include how this person communicates best.*

This helps me understand to participate: *How do you assist or help the person with a task?* Examples could be prompting by handing him the spoon, modeling a gesture of brushing his teeth, giving her a washcloth to hold while you wash her face so she can help. Asking the person for his help and showing him how to do the activity (like folding towels) can be effective. Giving the person something to keep her occupied can help avoid problems (e.g., holding something to keep the other hand occupied). Bringing up certain topics the person enjoys talking about can encourage the person to talk. *What things can be done to help the person participate or do for herself?*

Items to take with me – These are items that the person may need to keep them busy, calm or to provide something familiar. Examples: A doll if she likes to rock it in her arms, a favorite blanket (or other item) to comfort/hold onto, family pictures, puzzle book, whatever is needed. Also, add equipment like walkers, canes and personal items of importance to her - like a wallet, purse or keys. *What items calm and provide meaning to the person – will they be upset without the item?*

Sensory Aids Needed – This includes glasses, hearing aids and dentures or other devices the person uses.

Medical Conditions – Include important things to be aware of, e.g., diabetic, pacemaker, HIV, chronic bladder infections, thickened liquids needed, stroke paralysis and where, etc. *What are important medical conditions the helpers need to know about right away?*

Allergies – Usually to medication or things like latex or nuts. Include anything that causes severe reactions.

Pain Areas – Indicate places that the person has chronic pain or injuries (arthritis, back pain, joint replacements, heartburn, etc.) This is VERY important because the person may not be able to tell helpers that he has pain, so they will need to monitor for it, especially if behavior gets difficult. *What painful conditions does this person have that need to be identified and treated or comforted?*

Attachments: attach a list of medications, and other information that would be important to know, that perhaps didn't fit on the form.

Back Page Instructions:

While I am hospitalized . . .

This section is to help staff members who work in the hospital to understand and get to know the person with dementia. Questions are about day to day things that are important to the person. The information here is used to make the person more comfortable, experience less stress, and keep a familiar routine.

How to Give my Medications: Indicate if person can self-administer, needs to be given one at a time, supervised, crushed in apple sauce, etc.

I need assistance with: Please check the things the person needs assistance with. *You can indicate specifics on the lines below* (like opening a milk carton, cutting up meat, turning on the TV or the right channel, playing music, getting up from a chair, getting dressed, using the bathroom, etc.) Often just helping a little and allowing the person to do what they still can, will help with the person feel in control and into her daily routine. ***Please indicate if person is on thickened liquids.***

Other things I need assistance with: This could be a more detailed or special requests that the person with dementia may need *such as the examples listed above*. Also include needs for privacy or modesty.

The best way to approach me is to: Examples include: *Approach from the front* so, they aware you are coming, *walk slowly*, allow time for the person with dementia to see that you are approaching. *Call him by his preferred name*, to get his attention. *Crouch down* if she is seated, this helps her feel less threatened. *Offer you hand, greet*, and say your name - this could give you an idea whether or not the person will be receptive. *List specific preferences that hospital staff may need to know while the person with dementia is in their care.*

Things I enjoy (music/TV shows/food/activities, etc.): It is important to keep the person with dementia busy with things that help him relax, and make him happy. If the person cannot be alone there may be a companion to sit with who does things the person enjoys. Are there favorite snacks, items like a doll to hold, family photo book, types of music, TV shows or her favorite movie? Does the person like hand or shoulder massages, playing cards, puzzles, being read to, or other things? Also, consider topics, items, or activities that someone can use to distract or refocus the person's attention away from something unpleasant.

My daytime/night time routine preferences: The person with dementia may have specific requests or routines, *examples include:* sleep late, get up early, bathing morning or night, specific meal time or bathroom requests. What does the person need in order to feel comfortable or "ready" to start the day? Like reading a newspaper, having his teeth in, wearing a bathrobe before the doctor comes in, *Include schedule/order person does things during day.*

***Special note:** This section is to be completed with important information that is not listed above. Examples could be, checking the napkins for dentures before throwing anything away, always give pills with milk, sing "you are my sunshine" to change her mood, alarms will get person very upset, must have rosary at bedtime, etc.

How to Use this Form

When you have completed the form consider having the hospital, doctor's office or a relative keep a copy on file, and make sure to put the form in an accessible place where you can have it on hand in an emergency. **Give the form to the Emergency responders and/or staff in the ER.**

You can also make copies for caregivers that are new to the person, such as relatives providing care or someone providing in home services; or when the person is attending day services, moving to another location, or staying with someone else for respite. For more forms see below.

